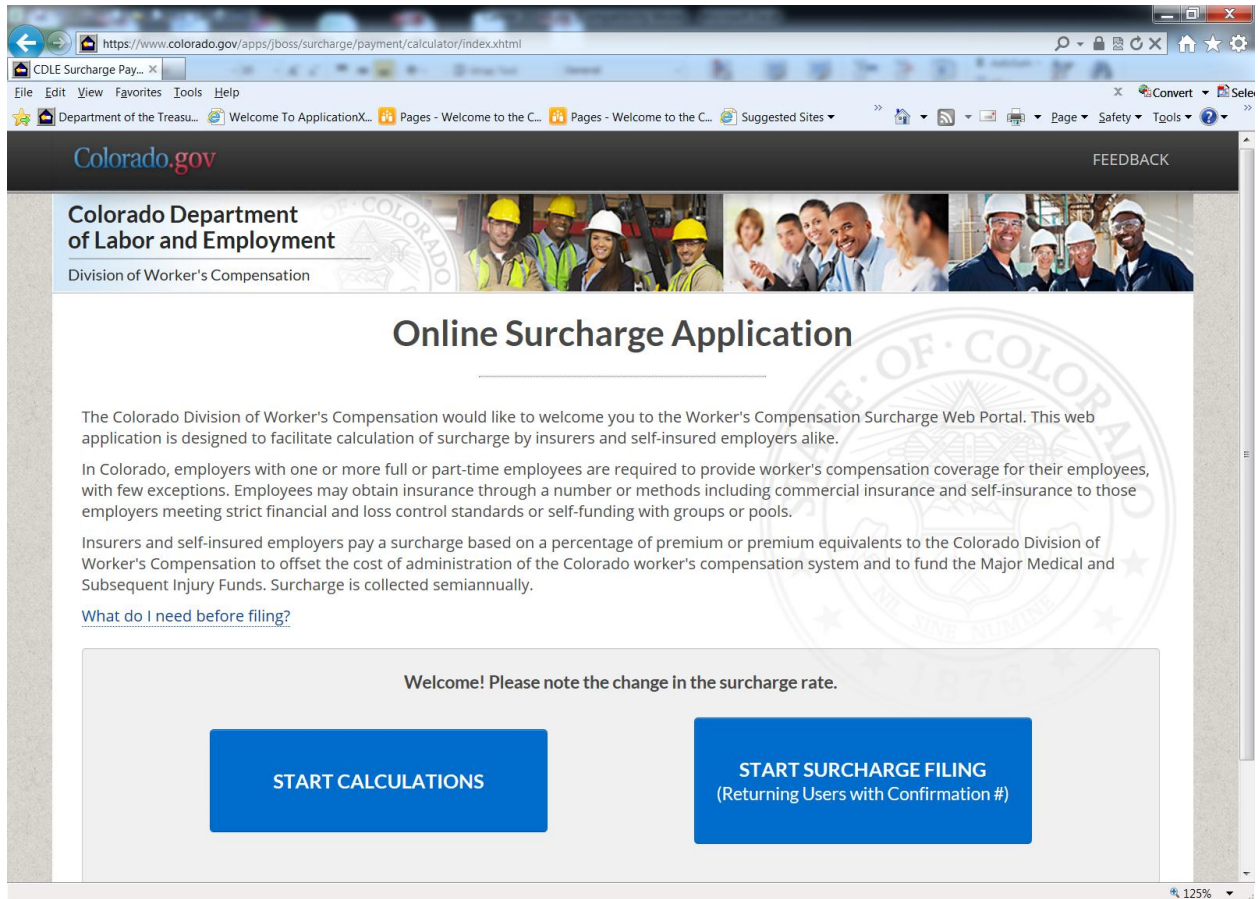


CARRIER INSTRUCTIONS



Press Start Calculations Button.

CDLE Surcharge Pay... X

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Colorado.gov FEEDBACK

Colorado Department of Labor and Employment
Division of Worker's Compensation

Online Surcharge Application

Current filing period: January-June 2013

SURCHARGE FILING INFORMATION:

Type of filing:

- ☐ Self-Insured (WC112)
- ☒ Commercial Carrier (WC113)

Continue Cancel

Policies Contact

2013 State of Colorado

125%

Select Commercial Carrier (WC113)

Then Continue

The screenshot shows a web browser window with the URL <https://www.colorado.gov/apps/jboss/surcharge/payment/calculator/WC113-filing-calc.xhtml>. The page title is "CDLE Surcharge Pay...". The browser's address bar shows the URL, and the toolbar includes standard navigation and utility icons. The page content is titled "COMMERCIAL CARRIER DETAILS:" and includes the text "Insurance Carrier Name: Test". Below this, a message states: "Please complete the fields below to calculate the final premium equivalent." A red asterisk indicates required fields. The form contains five numbered items, each with a text input field: 1. "Total premium written on Colorado Worker's Compensation Insurance policies with deductibles less than \$5,000, including excess coverage:" with the value 9,638,524.32. 2. "Plus premium on deductible policies over \$5,000, reported on a \$5,000 deductible basis:" with the value 65,983.65. 3. "Less total canceled or returned premiums:" with the value 875.54. 4. "Net premium subject to surcharge:" with the value 9,703,632.43. 5. "Net amount of surcharge:" with the value 167,872.84. A blue button labeled "Calculate Surcharge Due" is positioned below the fifth field. At the bottom of the form, there are two buttons: "Continue" and "Cancel". The page also features a large, faint watermark of the Colorado state seal in the background.

COMMERCIAL CARRIER DETAILS:

Insurance Carrier Name: Test

Please complete the fields below to calculate the final premium equivalent.

* Required field

- * Total premium written on Colorado Worker's Compensation Insurance policies with deductibles less than \$5,000, including excess coverage:
9,638,524.32
- * Plus premium on deductible policies over \$5,000, reported on a \$5,000 deductible basis:
65,983.65
- * Less total canceled or returned premiums:
875.54
- Net premium subject to surcharge:
9,703,632.43
- Net amount of surcharge: ?
167,872.84

Calculate Surcharge Due

Continue Cancel

Enter the information for lines 1, 2 and 3; then press the Calculate Surcharge Due button. The calculator will do the rest for you. If the amount is 0.00 – please enter 0 in the field.

Click *Calculate Surcharge Due*

Then click *Continue*

https://www.colorado.gov/apps/jboss/surcharge/payment/calculator/WC113-filing-calc.xhtml

CDLE Surcharge Pay...

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COMPANY INFORMATION:

Company Name: Test	President or Chief Officer: President
FEIN: 55-5555555	Secretary of Chief Agent: Secretary
NAIC: 69512	Other Contact Person: Other
Block Number: 965	Contact Phone: 303-318-8767
Street Address: 6953 Street	Contact Email: brenda.carrillo@state.co.us
Suite:	
City: City	
State: CO	
Zip Code: 80202	
Address changed since last filing: false	

Edit Company Information

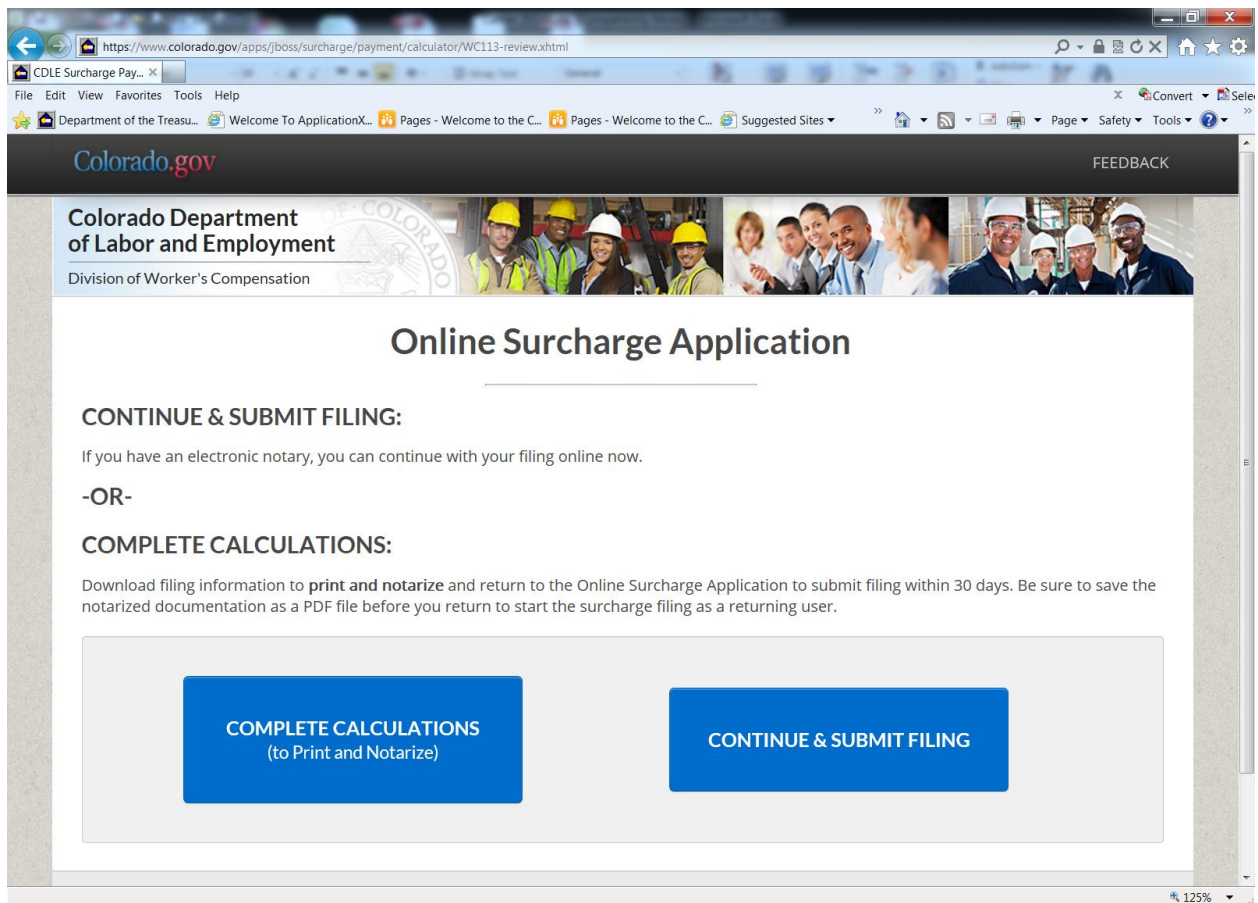
COMMERCIAL CARRIER DETAILS:

1. Total premium written on Colorado Worker's Compensation insurance policies with deductibles less than \$5,000, including excess coverage: **9,638,524.32**
2. Plus premium on deductible policies over \$5,000, reported on a \$5,000 deductible basis: **65,983.65**
3. Less total canceled or returned premiums: **875.54**
4. Net premium subject to surcharge: **9,703,632.43**
5. Net amount of surcharge: **167,872.84**

Edit Commercial Carrier Details

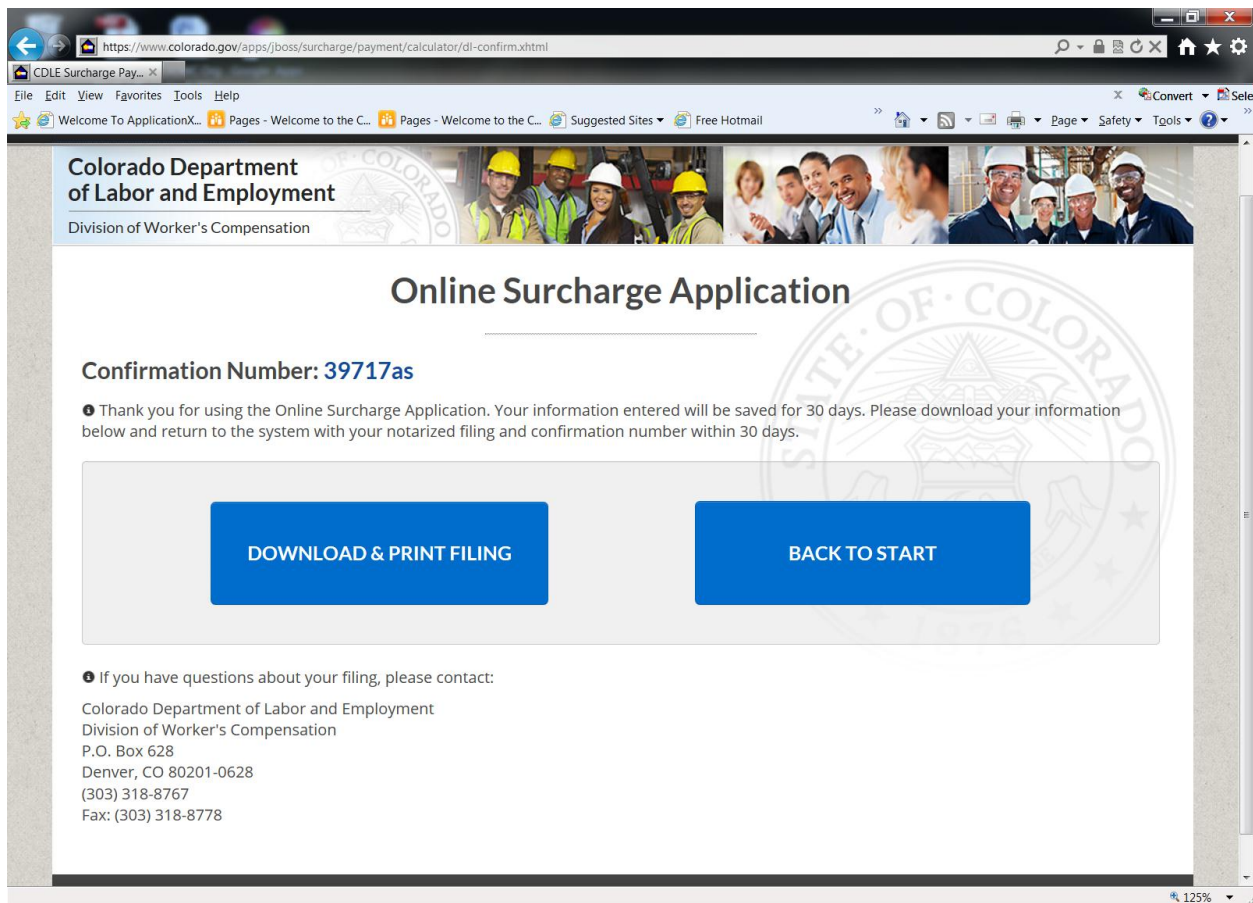
125%

Confirm the information is correct and press *Continue*



If you do not have an electronic notary or do not wish to make payment at this time; Download filing information to **print and notarize** and return to the Online Surcharge Application to submit filing within 30 days. Be sure to save the notarized documentation as a PDF file before you return to start the surcharge filing as a returning user.

Press; Complete Calculations



Select Download & Print Filing. You will use these printed pages with the confirmation number to notarize and return to complete the on line filing if you will be making a payment on line or filing a zero amount owed.

Save the notarized filing as a PDF file to be used when you return to file the surcharge.

After the signatures and notarization are received and the PDF file has been created return to the website to complete the filing.

If you are using the surcharge application as a calculator and making payment by mail, please send this printed and notarized page along with the payment to the address above. Please note your filing is not complete until payment is received.

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File Edit View Document Comments Forms Tools Advanced Window Help

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1 / 2 74.2%

Find

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

WC113 Commercial Surcharge Form

Confirmation Number	39717as
Filing Period:	January-June 2013
Filing Type:	WC113
Company Name:	Test
NAIC:	69512
FEIN:	55-5555555
Block Number:	965
Street Address:	6953 Street
Suite:	
City:	City
State:	CO
Zip Code:	80202
Address changed since last filing?	No
President or Chief Officer:	President
Secretary of Chief Agent:	Secretary
Other Contact Person:	Other
Contact Phone:	303-318-8767
Contact Email:	brenda.carrillo@state.co.us

Example of printed page for reference only

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Create Combine Sign Forms Multimedia Comment

2 / 2 74.2%

Find

Total premium written on Colorado Workers' Compensation Insurance policies with deductibles less than \$5,000, including excess coverage	\$ 9,638,524.32
Plus premium on deductible policies over \$5,000, reported on a \$5,000 deductible basis	\$ 65,983.65
Less total canceled or returned premiums	\$ 875.54
Net premiums subject to surcharge	\$ 9,703,632.43
Net amount of Surcharge	\$ 167,872.84

We, the undersigned President and Secretary (or other chief officers or agents) of the corporation for which this return is made being severally duly sworn, each for himself/herself, deposes and says that this return has been examined by him/her and is to the best of his/her knowledge, information and belief, a true, correct and complete return made pursuant to provisions of The Colorado Workers' Compensation Act, Colorado Revised Statutes, Sections 8-44-112, 8-46-102 and 8-46-202.

Notary Seal Corporate Seal

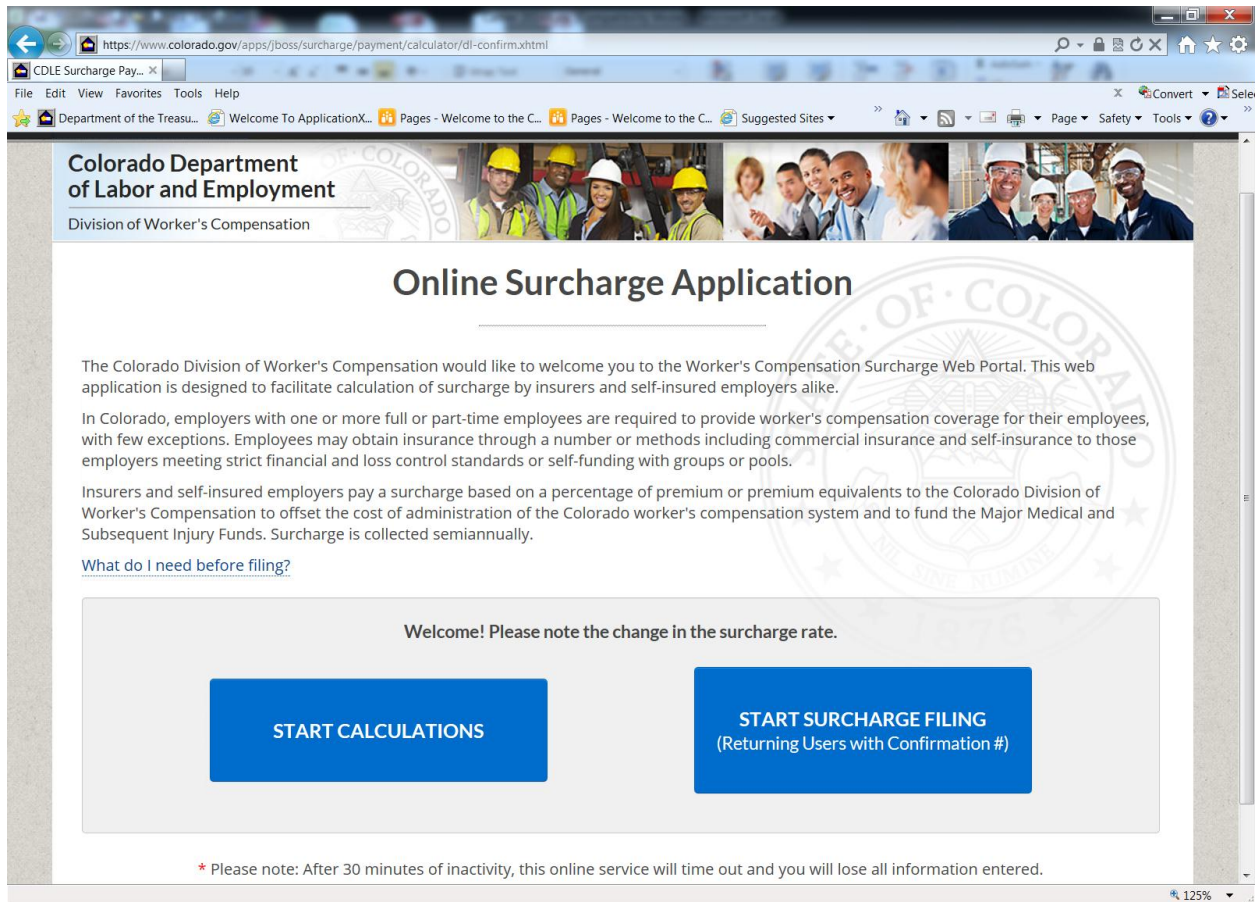
President
President or Chief Officer
Secretary
Secretary or Chief Agent
Other 303-318-8767
Name of Contact Person (print) Phone Number
55-5555555 965
FEIN Block #

Subscribed and sworn to before me this _____
day of _____
Notary Public
My commission expires _____

Division of Workers' Compensation
P.O. Box 628
Denver, CO 80201-0628
303.318.8767 FAX 303.318.8778

Example of printed page for reference only

Return User with confirmation number



Select the Start Surcharge Filing button

Colorado.gov

FEEDBACK

Colorado Department of Labor and Employment

Division of Worker's Compensation

Online Surcharge Application

● If you have completed the calculation and are returning to the system within 30 days, the system saved your information.
Please have your confirmation number available.

ARE YOU A RETURNING USER?

☒ Yes ☐ No

IF YES:

Confirmation Number:

FEIN:

Select **Yes** – then insert confirmation number provided and your FEIN number

Press *Continue*

CDLE Surcharge Pay...

https://www.colorado.gov/apps/jboss/surcharge/payment/calculator/return-user.xhtml

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COMPANY INFORMATION:

Company Name: **Test**

FEIN: **55-555555**

NAIC: **69512**

Block Number: **965**

Street Address: **6953 Street**

Suite:

City: **City**

State: **CO**

Zip Code: **80202**

Address changed since last returning: **false**

President or Chief Officer: **President**

Secretary of Chief Agent: **Secretary**

Other Contact Person: **Other**

Contact Phone: **303-318-8767**

Contact Email: **brenda.carrillo@state.co.us**

COMMERCIAL CARRIER DETAILS:

1. Total premium written on Colorado Worker's Compensation insurance policies with deductibles less than \$5,000, including excess coverage: **9,638,524.32**
2. Plus premium on deductible policies over \$5,000, reported on a \$5,000 deductible basis: **65,983.65**
3. Less total canceled or returned premiums: **875.54**
4. Net premium subject to surcharge: **9,703,632.43**
5. Net amount of surcharge: **167,872.84**

Important: If your information has changed, please click "Cancel" below to start over with the filing process.

Continue **Cancel**

Everything will be prefilled with the information entered previously.

Press *Continue*

The screenshot shows a web browser window with the URL <https://www.colorado.gov/apps/jboss/surcharge/payment/calculator/returning-review.xhtml>. The page title is "Online Surcharge Application". A large, faint watermark of the State of Colorado seal is visible in the background.

SUPPLEMENTAL DOCUMENTATION:

● If applicable, Please provide supplemental documentation on the data provided for this filing. If your payment varies from the amount that was calculated, provide an explanation and/or attachment that form the basis for the discrepancy.

Files must be in one of the following accepted formats:

- MS Excel (.xls, .xlsx)
- MS Word (.doc, .docx)
- Scanned images (.pdf, .jpg, .tiff)

* Required field

*** EXPLANATION:**

Can provide any information regarding filing. Can also upload anything at this point.

Below the text area is a "Browse..." button and an "Upload" button.

At the bottom of the form are "Continue" and "Cancel" buttons.

To insert any supporting documents select the *Browse* button and insert the file you created – then press the *Upload Button*. A green line will appear telling you the file has been uploaded.

If you would like to explain any portion of this filing or if you are paying an amount different from the calculation please use this space.

Then press *Continue*

CDLE Surcharge Pay...
File Edit View Favorites Tools Help
Welcome To ApplicationX... Pages - Welcome to the C... Pages - Welcome to the C... Suggested Sites Free Hotmail

Colorado.gov FEEDBACK

Colorado Department of Labor and Employment
Division of Worker's Compensation

Online Surcharge Application

PAYMENT AMOUNT:

Please enter your payment amount below:
* Required field

Amount Due: **\$167,872.84**

* Payment Amount:

[Continue](#) [Cancel](#)

[Policies](#) [Contact](#) 2013 State of Colorado

Enter the amount you will be paying for this surcharge filing.

Then press *Continue*

The screenshot shows a web browser window with the URL <https://www.colorado.gov/apps/jboss/surcharge/payment/calculator/pay-amt.xhtml>. The page header includes the Colorado.gov logo and a FEEDBACK link. Below the header is a banner image showing a group of diverse workers in hard hats and safety vests. The main heading is "Online Surcharge Application".

TYPE OF NOTARY:

● You must provide your notary's information and document details in order to submit your filing. You have the option of providing an Electronic Notary or uploading a scanned copy of your notary.

** Required field*

*** What type of notary will you provide for filing?**

☐ Electronic Notary

☒ Upload copy of Notary

● [More information on electronic signatures and notarization](#)

At the bottom of the form are two buttons: "Continue" (black) and "Cancel" (red). The footer of the page includes "Policies" and "Contact" links, and the text "2013 State of Colorado".

Select if you will be using an electronic notary or if you will be using the PDF file you created with the notarized pages.

Then press Continue

Colorado.gov

FEEDBACK

Colorado Department of Labor and Employment

Division of Worker's Compensation

Online Surcharge Application

NOTARY INFORMATION:

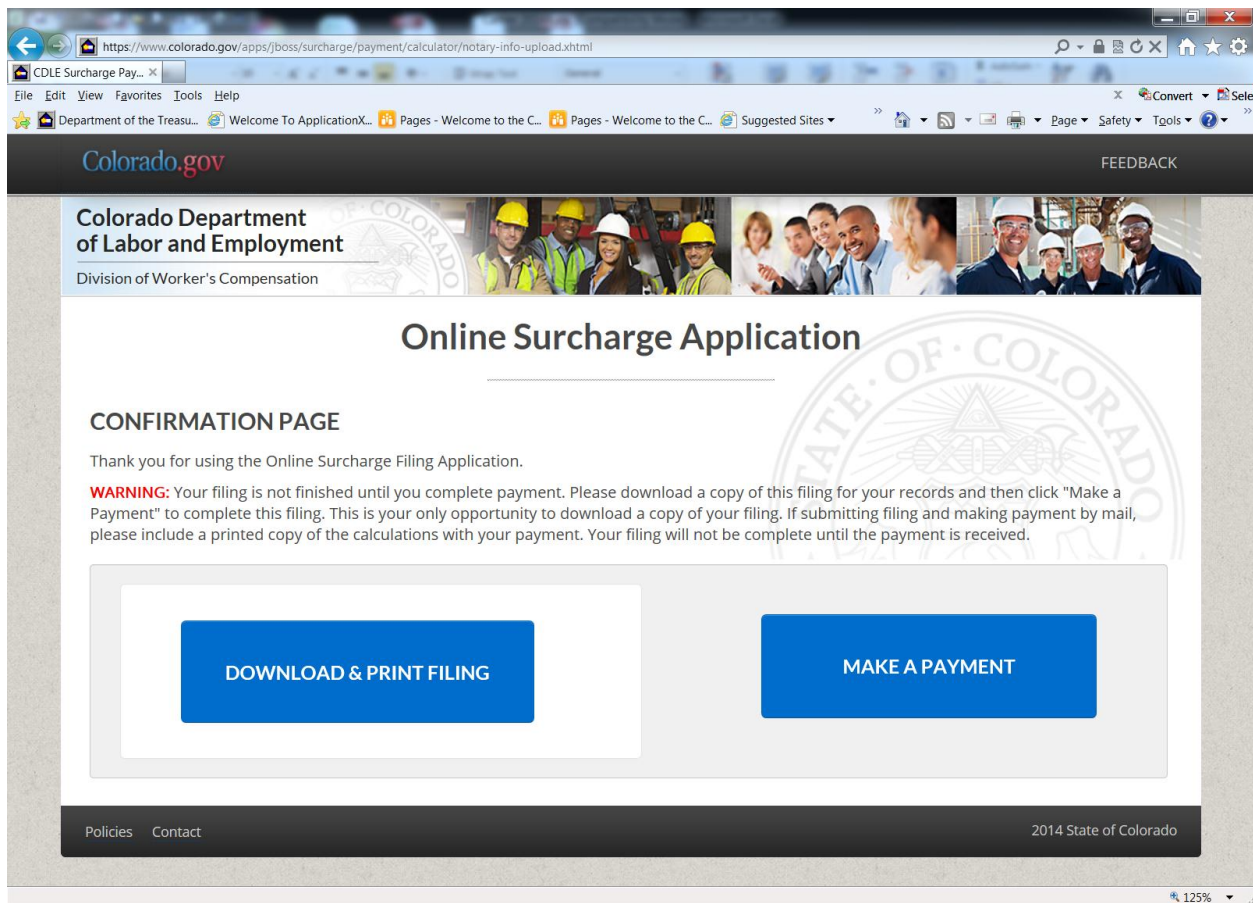
We, the undersigned President and Secretary (or other chief officers or agents) of the corporation for which this return is made being severally duly sworn, each for himself/herself, deposes and says that this return has been examined by him/her and is to the best of his/her knowledge, information and belief, a true, correct and complete return made pursuant to provisions of The Colorado Worker's Compensation Act, Colorado Revised Statutes, Sections 8-44-112, 8-46-102 and 8-46-202.

● Please click "Upload" below to browse and select the scanned notary copy.

File Uploaded

Select the *Browse* button and insert the PDF file you created with the notarized document – then press the *Upload Button*. The green line will tell you the file has been uploaded.

Press Continue



Press the *Download & Print Filing* button for your copy of this filing.

For filers with a zero amount owing you have completed the surcharge filing at this point.

For filers using the on line application and making a separate payment by mail, please include a printed copy of the calculations with your payment. Your filing will not be complete until the payment is received.

If you are making a payment on line after you have printed this document you will return to this page and select the *Make a Payment* button to pay on line.

The payment method is by e-check – you will need the routing number and checking account number

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Find

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

WC113 Commercial Surcharge Form

Confirmation Number	39717as
Filing Period:	January-June 2013
Filing Type:	WC113
Company Name:	Test
NAIC:	69512
FEIN:	55-5555555
Block Number:	965
Street Address:	6953 Street
Suite:	
City:	City
State:	CO
Zip Code:	80202
Address changed since last filing?	No
President or Chief Officer:	President
Secretary of Chief Agent:	Secretary
Other Contact Person:	Other
Contact Phone:	303-318-8767
Contact Email:	brenda.carrillo@state.co.us

Example of printed page for reference only

39717as.pdf - Adobe Acrobat Pro

File Edit View Document Comments Forms Tools Advanced Window Help

Create Combine Sign Forms Multimedia Comment

Find

Total premium written on Colorado Workers' Compensation Insurance policies with deductibles less than \$5,000, including excess coverage	\$ 9,638,524.32
Plus premium on deductible policies over \$5,000, reported on a \$5,000 deductible basis	\$ 65,983.65
Less total canceled or returned premiums	\$ 875.54
Net premiums subject to surcharge	\$ 9,703,632.43
Net amount of Surcharge	\$ 167,872.84

We, the undersigned President and Secretary (or other chief officers or agents) of the corporation for which this return is made being severally duly sworn, each for himself/herself, deposes and says that this return has been examined by him/her and is to the best of his/her knowledge, information and belief, a true, correct and complete return made pursuant to provisions of The Colorado Workers' Compensation Act, Colorado Revised Statutes, Sections 8-44-112, 8-46-102 and 8-46-202.

Notary Seal

Corporate Seal

Subscribed and sworn to before me this _____

day of _____,

Notary Uploaded _____

Notary Public _____

My commission expires _____

President _____

President or Chief Officer _____

Secretary _____

Secretary or Chief Agent _____

Other _____ 303-318-8767

Name of Contact Person (print) _____ Phone Number _____

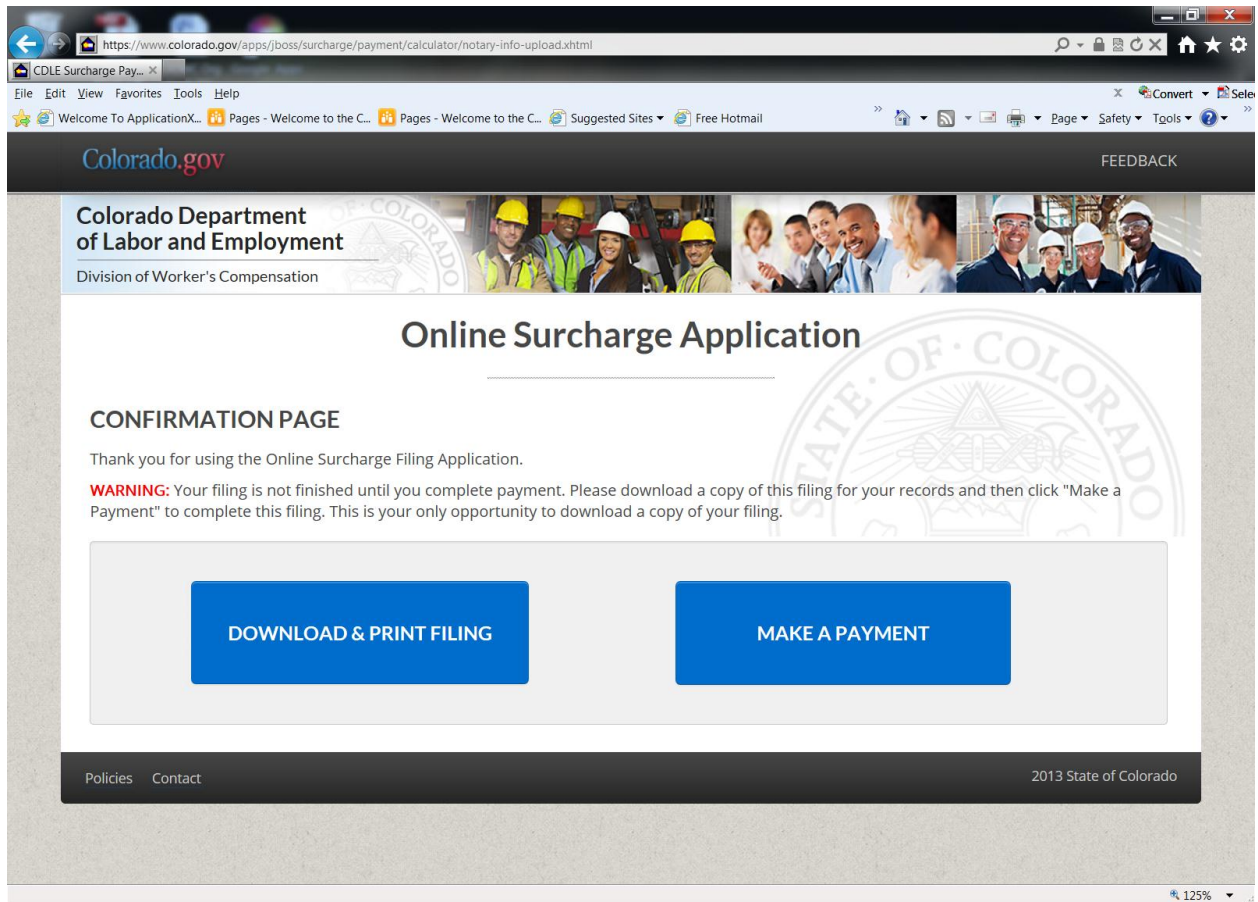
55-5555555 _____ 965

FEIN _____ Block # _____

Division of Workers' Compensation
P.O. Box 628
Denver, CO 80201-0628
303.318.8767 FAX 303.318.8778

Example of printed page for reference only

Make a Payment



Select the Make a Payment button to pay on line.

The payment method is by e-check – you will need the routing number and checking account number

When making a payment

The screenshot shows a web browser window with the URL https://www.payconnexion.com/pconWeb/public/compressedPayment/enterPaymentInformation_input.action. The browser's address bar shows the site is identified by VeriSign. The page title is "Colorado Department of Labor & Employment". The main content area features a header for the "COLORADO DIVISION OF WORKERS' COMPENSATION" with a mountain landscape background. Below the header is a navigation bar with links for "Privacy", "Customer Service", "Help", and "Exit". The main form is titled "Make a Payment - Surcharge Form". It contains three sections: "PAYMENT INFORMATION" with fields for "Company Name*" (Test), "NAIC*" (69512), and "Block Number*" (null); "PAYMENT DETAILS" with "Payment Amount*" (\$167,872.84) and "Payment Date*" (Aug-22-2013); and "PAYMENT METHOD" with a radio button selected for "eCheck". At the bottom of the form are "Continue" and "Cancel" buttons. A footer note reads: "Release 10.1.2_3 © 2002 - 2013 JPMorgan Chase Bank, N.A. [Browser Requirements](#)". The browser's status bar at the bottom right shows a zoom level of 125%.

Make a Payment - Surcharge Form

Bold fields with * are required.

PAYMENT INFORMATION

Company Name*: Test
NAIC*: 69512
Block Number*: null

PAYMENT DETAILS

Payment Amount*: \$167,872.84
Payment Date*: Aug-22-2013

PAYMENT METHOD

New Account*:
☒ eCheck

[Continue](#) [Cancel](#)

Release 10.1.2_3 © 2002 - 2013 JPMorgan Chase Bank, N.A. [Browser Requirements](#)

Astrix fields(*) are required

Press *Continue*

The screenshot shows a web browser window with the URL https://www.payconnexion.com/pconWeb/public/compressedPayment/enterPaymentDetails_input.action. The browser's address bar also shows "Colorado Departme...". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The browser's toolbar includes "Welcome To ApplicationX...", "Pages - Welcome to the C...", "Pages - Welcome to the C...", "Suggested Sites", "Free Hotmail", "Convert", and "Sele".

The main content area displays the "COLORADO DIVISION OF WORKERS' COMPENSATION" logo at the top. Below the logo is a navigation bar with links: "Privacy", "Customer Service", "Help", and "Exit".

The form is titled "Make a Payment - Surcharge Form". It contains the following sections:

- Bold fields with * are required.**
- PAYMENT INFORMATION**
 - Payment Amount: **\$167,872.84**
 - Payment Date: **Aug-22-2013**
 - Company Name: **Test**
 - NAIC: **69512**
 - Block Number: **null**
- ECHECK ACCOUNT INFORMATION**
 - Bank Routing Number*:** [input field]
 - Bank Account Type*:**
 - ☐ Checking
 - ☐ Savings
 - Bank Account Number*:** [input field]
 - Bank Account Category*:**
 - ☐ Consumer
 - ☐ Business
 - Re-enter Bank Account Number*:** [input field]

At the bottom of the form are two buttons: "Continue" and "Cancel".

Below the form, the text "Release 10.1.2_3 © 2002 - 2013 JPMorgan Chase Bank, N.A. [Browser Requirements](#)" is displayed.

The browser's status bar at the bottom right shows "125%".

Fill in banking information

Then press Continue

An email confirmation will be sent to your email address when completed.